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February 20, 2003

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**ATTORNEY DOCKET NO.: ISPH-0596**

**SERIAL NO.: 09/925,139**

**FILED: August 8, 2001**

**NUMBER OF PAGES: 10**  
(including this sheet)

**MESSAGE:** Attached is a Response to the Office Action dated November 20, 2002

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\* \* \* \* \*

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<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. <b>ISPH-0596</b>	
Applicant(s): <b>Crooke et al.</b>					
Serial No. <b>09/925,139</b>	Filing Date <b>August 8, 2001</b>	Examiner <b>J. Schultz</b>	Group Art Unit <b>1635</b>		
Invention: <b>ANTISENSE MODULATION OF CHOLESTERYL ESTER TRANSFER PROTEIN EXPRESSION</b>					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1619</b> A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
_____ Signature			Dated: <b>February 20, 2003</b>		
<b>Jane Massey Licata</b> <b>Reg. No. 32,257</b> <b>Licata &amp; Tyrrell P.C.</b> <b>66 E. Main Street</b> <b>Marlton, NJ 08053</b> <b>Tel: 856-810-1515</b> <b>Fax: 856-810-1454</b>			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.		
cc:			Signature of Person Mailing Correspondence		
			Typed or Printed Name of Person Mailing Correspondence		

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Invention: ANTISENSE MODULATION OF CHOLESTERYL ESTER TRANSFER PROTEIN EXPRESSION

I hereby certify that this \_\_\_\_\_  
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is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9307 )  
on February 20, 2003  
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